TRADEMANT TR	ANSMITTAL FORM all correspondence after initial I	no persons are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name	Patent and T lection of inf 09/368,99 05 August	ot 1999 P. BARBER D HAVAN
Amendme Af Af Extension Express A Information Certified Coumen Reply to Mincomplet Reply to Reply to Mincomplet	fter Final ffidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Request for Continued Examination	n Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
Firm Name	SIGNA	TURE OF APPLICANT, ATTO	RNEY, C	DR AGENT
Signature Printed name	Ware, Fressola, Van Der			
Date	13 November 2007	ERTIFICATE OF TRANSMISS	Reg. No.	60,869

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Annemarie L. Maher

Date 13

13 November 2007

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PTO/SB/17 (10-07)
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A RICRAITT A L Complete if Known 09/368,996 **Application Number TRANSMIT** Filing Date 05 August 1999 For FY 2008 Timothy P. BARBER First Named Inventor **Examiner Name** Thu Thao HAVAN Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3691 TOTAL AMOUNT OF PAYMENT 1/61

TOTAL AMOUNT OF PAT	MIEMI (4	930.00		Attorney Docker	t No. 2-0	04.002-1				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0442 Deposit Account Name: Ware, Fressola et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEAI										
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)			
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Small Fee (\$) Fee Fee Pee (\$) Fee Paid (\$)										
- 20 or HP =		X	_=			<u>Fee (\$)</u>	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$)										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filin	Other (e.g., late filing surcharge): \$405 for filing RCE; \$525 for 3-month extension of time 930.00									

SUBMITTED BY Registration No. (Attorney/Agent) 60,869 Telephone 203-261-1234 Signature Name (Print/Type) Cathy A. Sturmer Date 13 November 2007

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